

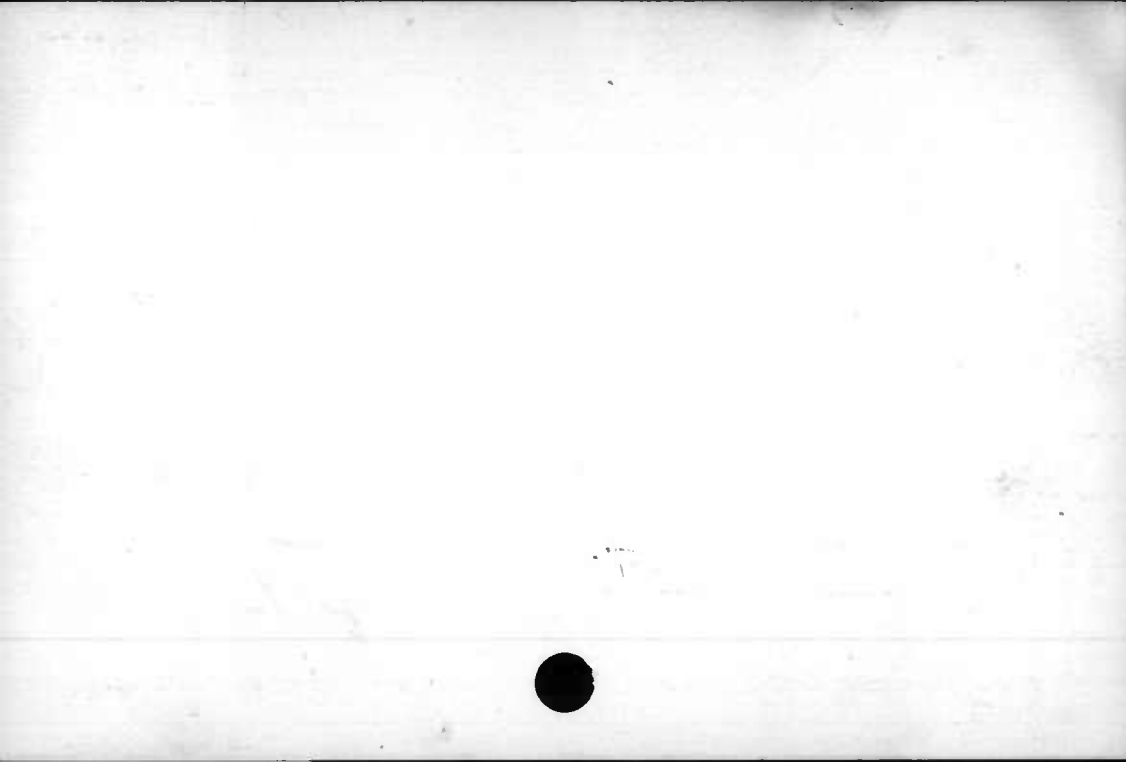
Name in Full		Illegitimate Stillborn child				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Crumpton		County Queen Annes'		MARYLAND	
	Date of death	1905	Month 5	Day 22	Age Stillborn	Years	Months Days
	Sex	Male		Color or Race	Black		Birth- place
	Occupation			Where Residing if not at place of death		Maryland	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	Josephine Brooks				Mother's Birthplace	Maryland
Name of person giving Information	James L Brooks				How related to deceased	Grandfather	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	S.				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		B. F. Hartley, J. P.		
	Yes		Address		Crumpton Md		
Accident or Suicide?							



Name in Full <i>John Barney</i>		CERTIFICATE OF DEATH			
Died at <i>Barclay</i> ^{Town}		<i>L. Ann's Rev.</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>5</i> ^{Day} <i>4</i> ^{Years} <i>75</i>		Age <i>75</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>L. A. Rev. Ind</i>			
Married, Single or Widowed Single		Name of Wife or Husband <i>Harriet Barney</i>			
Father's Name <i>William Barney</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Lucy Anna Tucker</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
Primary <i>Paralysis</i>		<i>66</i> ✓		How long <i>2 years</i>	
Immediate <i>Paralysis</i>				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. E. Abraham M.D.</i>			
		Address <i>Ingleside Ind</i>			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

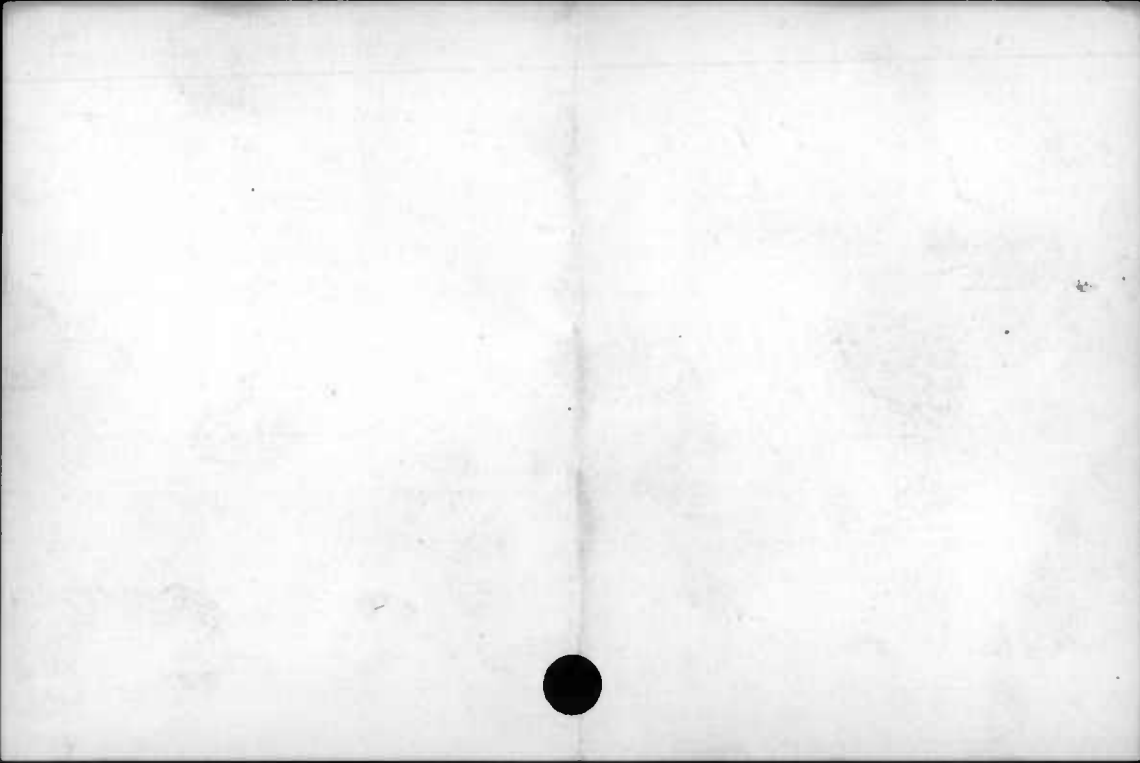
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bonclay</i>		County <i>Lucerne</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		<i>5</i>	<i>3</i>	<i>35</i>			
Sex		Color or Race		Birth-place			
<i>Female</i>		<i>White</i>		<i>Uppleside</i>			
Occupation		Where Residing if not at place of death					
<i>Housewife</i>		<i>Bonclay</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>Single</i>		<i>Geo Clendeney</i>					
Father's Name		Father's Birthplace					
<i>John G. Johnson</i>		<i>Lucerne</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Mary L. Ratterfield</i>		<i>Lucerne</i>					
Name of person giving information		How related to deceased					
<i>Thos</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	
Immediate	<i>Exhaustion, wasting</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Foster Suckers</i>	
		Address	
		<i>Suckersville</i>	
Accident or Suicide?			
			<i>Med</i>



Name
in
Full

His name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumterville*

Town

Queen Anne

County

Date
of death *1905*

Month

*5**29*

Years

Months

2 1/2

Days

Sex *Female*Color or
Race*White*Birth-
place*Cumterville*

Occupation

*nursing*Where Residing if not
at place of death*Place of birth*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Ralph Courney*Father's
Birthplace*2. A. Tex*Mother's
Maiden Name*Marie Clements*Mother's
Birthplace*Pa*Name of person giving
Information*Ralph Courney*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Loss of blood from Placenta previa

How long

2 1/2 hours

Immediate

Exhaustion

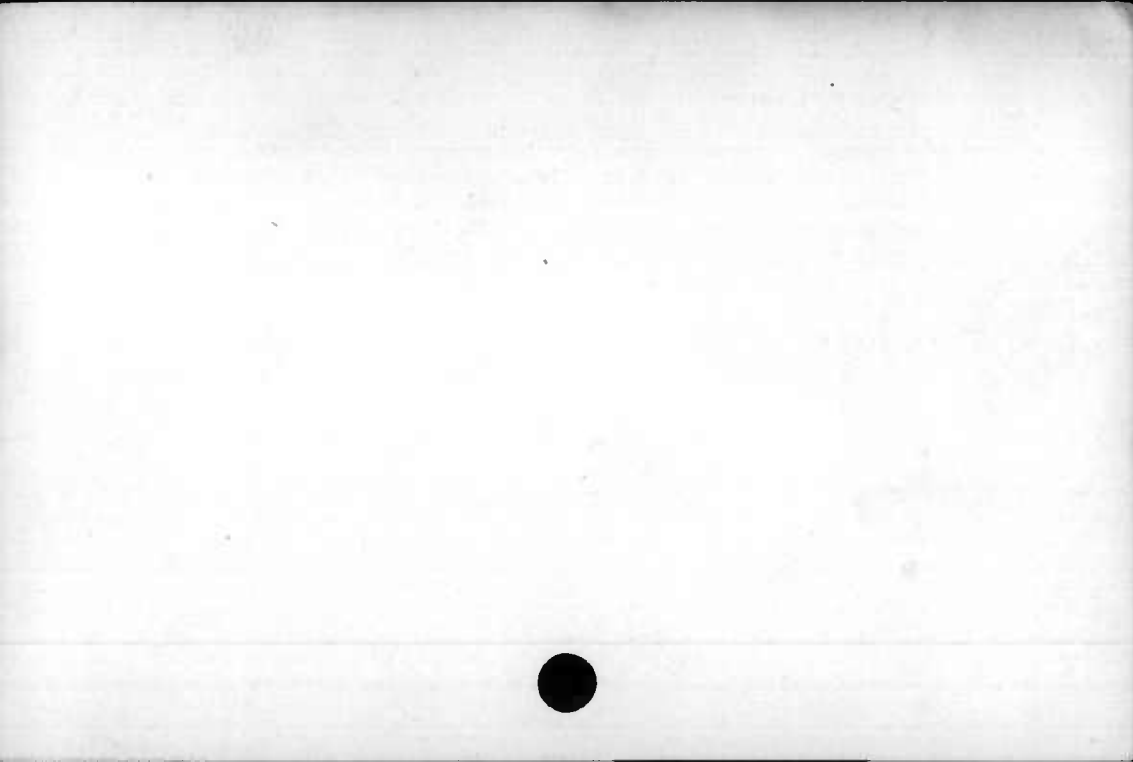
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Frank A. Smith
Cumterville
Queen Anne Co*

Accident or Suicide?



Name
in
Full

Name Clements (J.P.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pecos Island Town County Anne

MARYLAND

Date of death 1905 May 24 Age Still Born Months Days

Sex Male Color or Race Caucasian Birth-place Pecos Island?

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Henry Mc Clements Father's Birthplace Anne Co. Md.

Mother's Maiden Name Annie M. Bishop Mother's Birthplace Caroline Co.

Name of person giving information Father How related to deceased Father

CAUSES OF DEATH

Primary Still Born S. How long

Immediate _____ How long

Are the name, age, sex, color, date and place correctly given above?

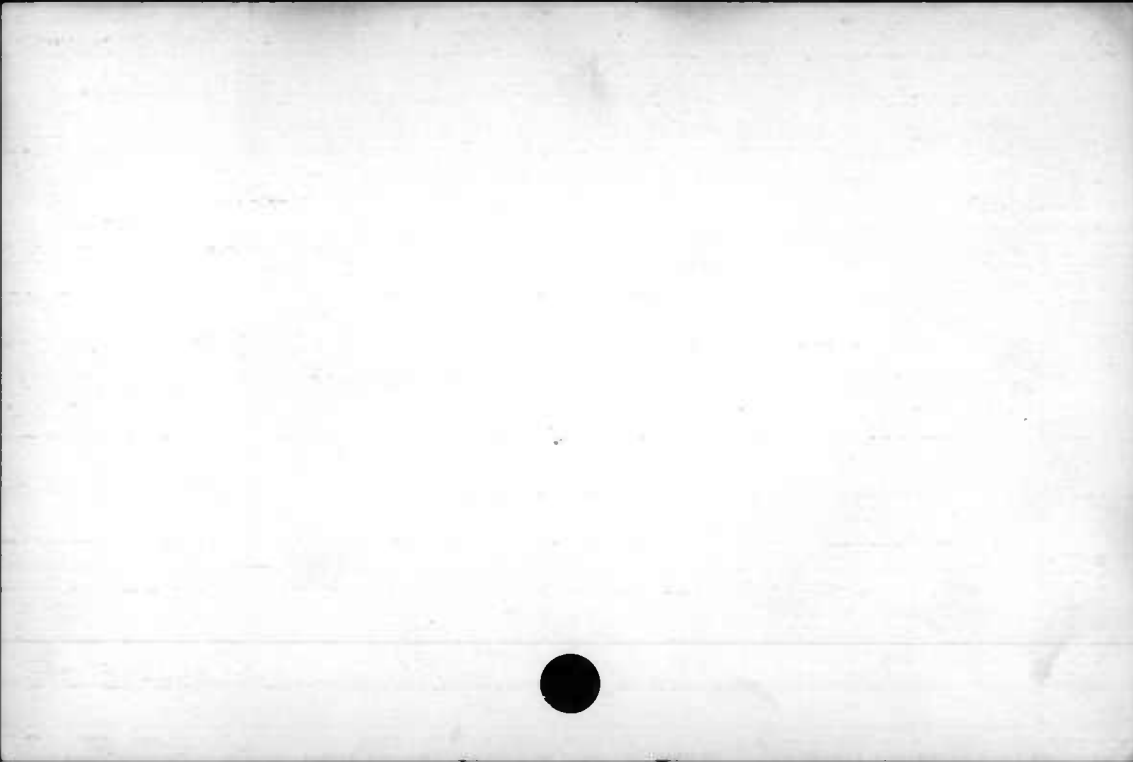
Signature of Physician

Address

Howard R. Hopkins
Lumenton
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Thomas O. Deuby
Town *Cutherville* County *Meigs*

MARYLAND

Died at *Cutherville*
Date of death *1905* Month *5* Day *2* Age *45* Years Months Days

Sex *male* Color or Race *Black* Birth-place *Cutherville Md*

Occupation *Barber* Where Residing if not at place of death *Cutherville Md*

Married, Single or Widowed *married* Name of Wife or ~~husband~~ *Julia A Deuby*

Father's Name Father's Birthplace

Mother's Maiden Name *Annie Banton* Mother's Birthplace *T.A. Co*

Name of person giving information *Thos E Deuby Jr* How related to deceased *Son*

CAUSES OF DEATH

Primary *Nephritis* How long *7 months*

Immediate *Uremia* How long *2 days*

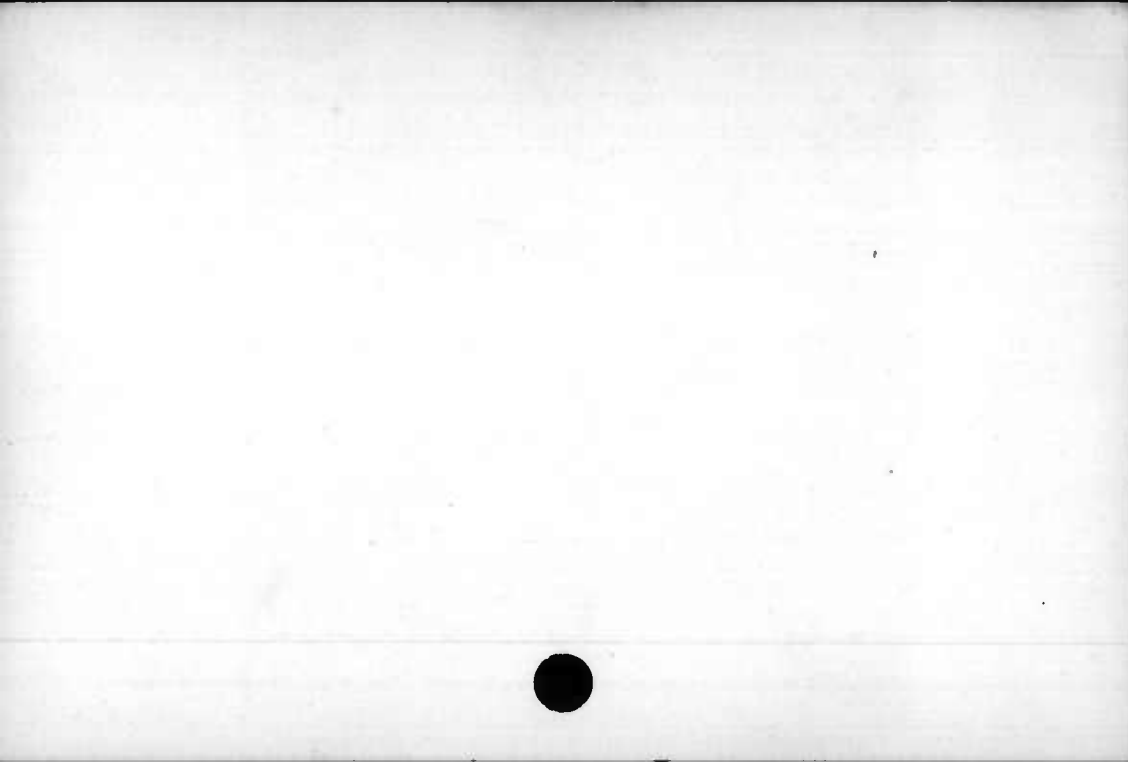
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. M. O'Connell*

Address *Cutherville Md*

Accident or Suicide? *no*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Philip Lemmon Dyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queen Anne</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>3</i>	Age	Years	Months <i>8</i> Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne Md</i>		
Occupation			Where Residing <i>not</i> at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Philip Dyer</i>			Father's Birthplace <i>Queen Anne Co</i>		
Mother's Maiden Name <i>Emilene Williams</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Philip Dyer</i>			How related to deceased <i>Father</i>		

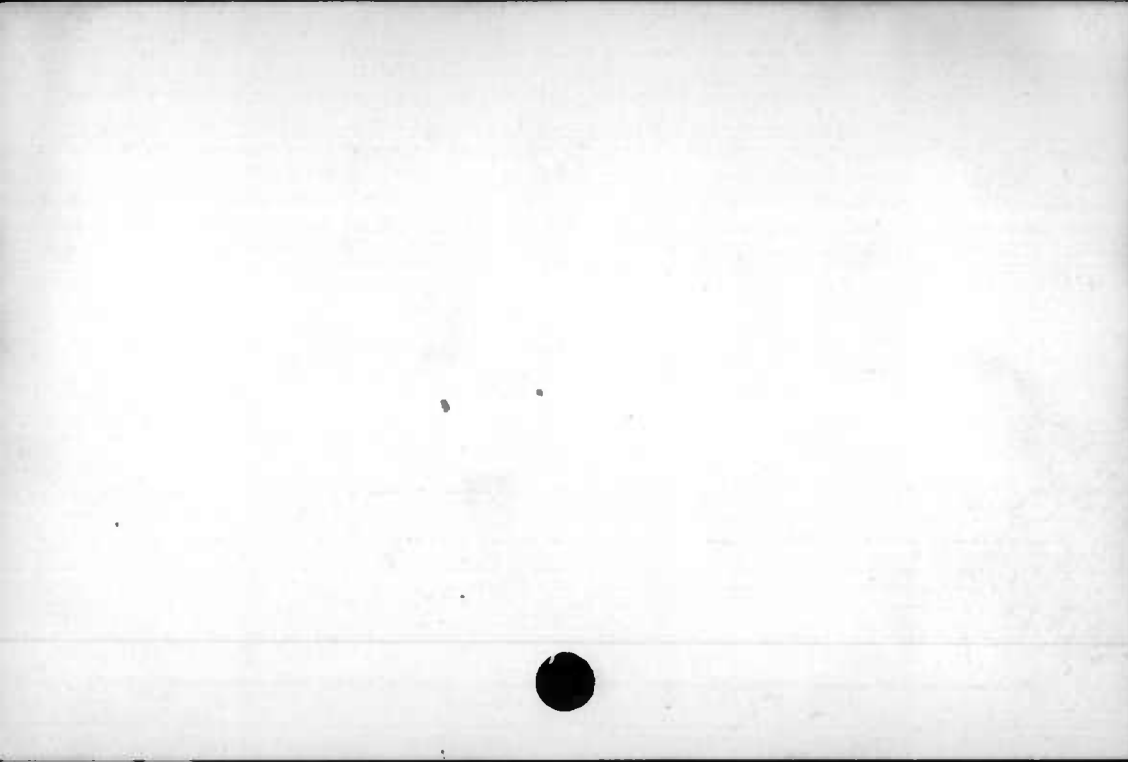
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acytic Bronchitis pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Asphyxia</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. T. Miller</i>	
		Address <i>Willsboro Md</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Crumpton</i>		Town <i>Queen Anne's</i>		County
	Date of death <i>1905</i>		Month <i>5</i>	Day <i>11</i>	Age <i>Years</i>
	Sex <i>Male</i>		Color or Race <i>Black</i>	Birth-place <i>Maryland</i>	Months <i>2</i> Days
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>			
	Father's Name <i>Samuel G Elliott</i>	Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Rita Davis</i>	Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Samuel G Elliott</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Exhaustion</i>	How long <i>2 days</i>	179 ✓		
	Immediate <i>Exhaustion</i>	How long <i>2 days</i>			
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. F. Hartley J. P.</i>			
	<i>Yes</i>	Address <i>Crumpton Md</i>			
	Accident or Suicide?				



Henry Harris

Town

County

Died at Almshouse

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1905

5 - 28

Age 78.

2 A.C.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife No History

Father's Name

Mother's Maiden Name

Cause of Primary

old age

Death Immediate

natural decay

How long sick

151 ✓

Accident, Suicide, Homicide

Reported by

L. A. Johnson 122

Address Centerville

2nd Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

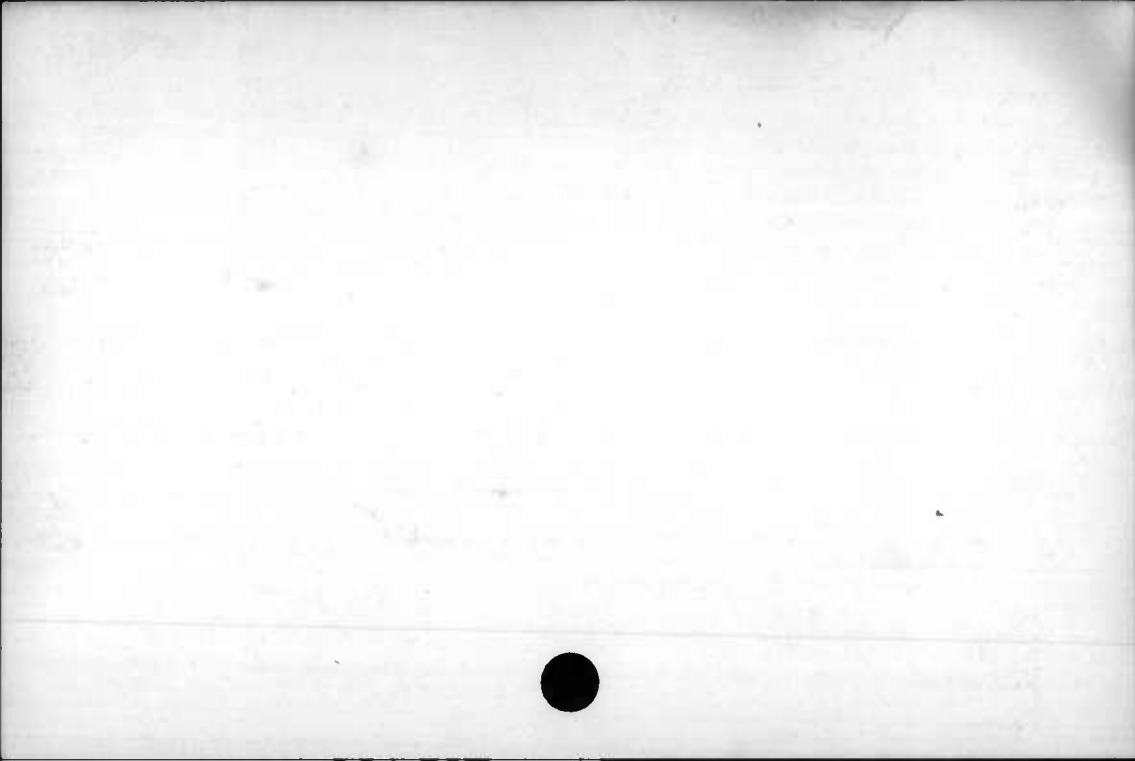
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Hollis</i>		Town <i>Near Barclay</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at <i>Near Barclay</i>		Month <i>May</i>		Day <i>28</i>		Years <i>2</i>	
Date of death <i>1903</i>		Month <i>May</i>		Day <i>28</i>		Months <i>3</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Near Barclay</i>		Days	
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband					
Father's Name <i>Jas Hollis</i>		Father's Birthplace <i>Barclay</i>					
Mother's Maiden Name <i>Belie Gibbs</i>		Mother's Birthplace <i>Caroline</i>					
Name of person giving information <i>John Gibbs</i>		How related to deceased <i>Grandfather</i>					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Gibbs</i>
<i>No Doctor</i>	Address <i>Barclay Md</i>
Accident or Suicide?	



Name
in
Full

Lance Johnson

CERTIFICATE OF DEATH

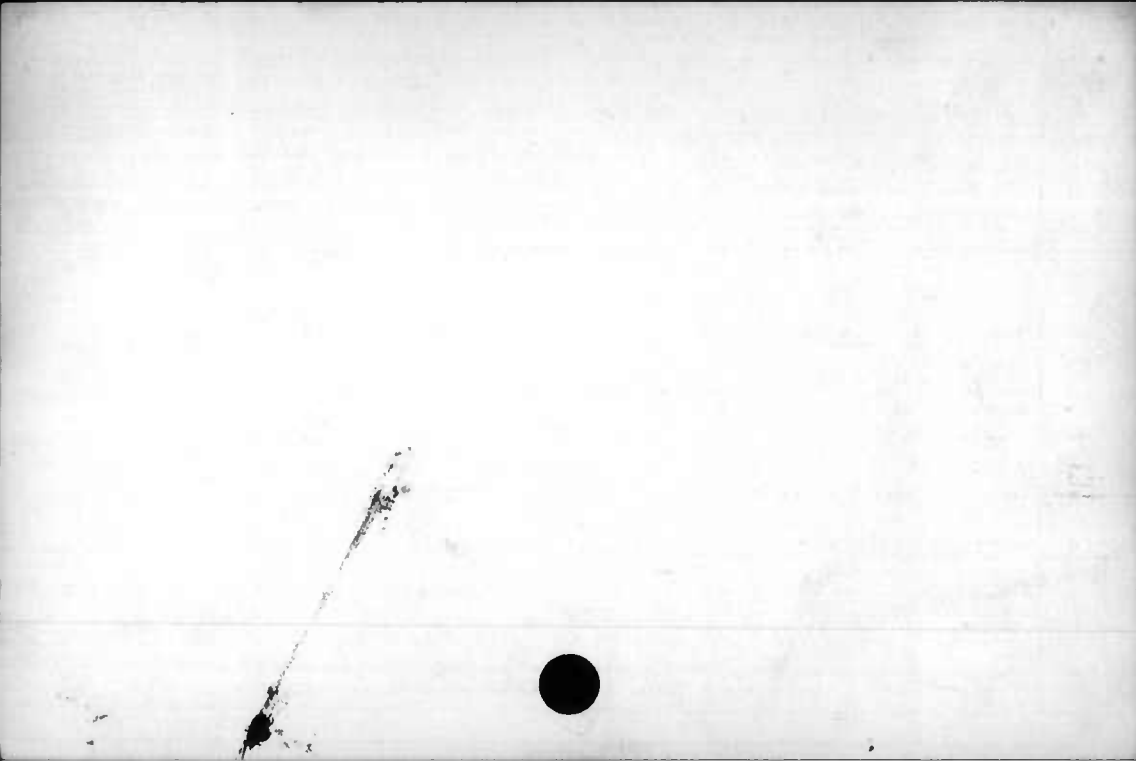
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Carmichael		County Linn Anne		MARYLAND	
Date of death		1905	Month 5	Day 2 nd	Age 4	Years	Months —
Sex		Female		Color or Race		Colored	
Occupation		Child		Birth- place		Carmichael	
Where Residing if not at place of death		Carmichael					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Samuel Johnson				Father's Birthplace	
Mother's Maiden Name		Nancy Bolder				Mother's Birthplace	
Name of person giving Information		Samuel Johnson				How related to deceased	
						Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Coccygia.	How long	Several days
Immediate	Blood Poison.	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. W. Stark M.D.	
Address		Wye Mills, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Linwood Mansfield

Town

County

MARYLAND

Died at New Church Hill La Co

Date of death 1905 May 23 - Age -

Months

Days

3

2

Sex Female

Color or
Race

White

Birth
place

New Church Hill

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Linwood Mansfield

Father's
Birthplace

Md

Mother's
Maiden Name

Emma Portin

Mother's
Birthplace

La Co.

Name of person giving
Information

Wm J Portin

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Marasmus

How long

3 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. C. Cippage

Address

Church Hill

Md

Accident or Suicide?

Salem



Name
in
Full

Had no Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winchester		County Queens		MARYLAND	
Date of death	1905	Month 5	Day 13	Age about	6	Months	Days
Sex	male		Color or Race	Caucasian		Birth- place	Winchester
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Chas Scott		Father's Birthplace		
Mother's Maiden Name			Martha Wilson		Mother's Birthplace		
Name of person giving In formation			Chas Scott		How related to deceased		
					Father		

CAUSES OF DEATH

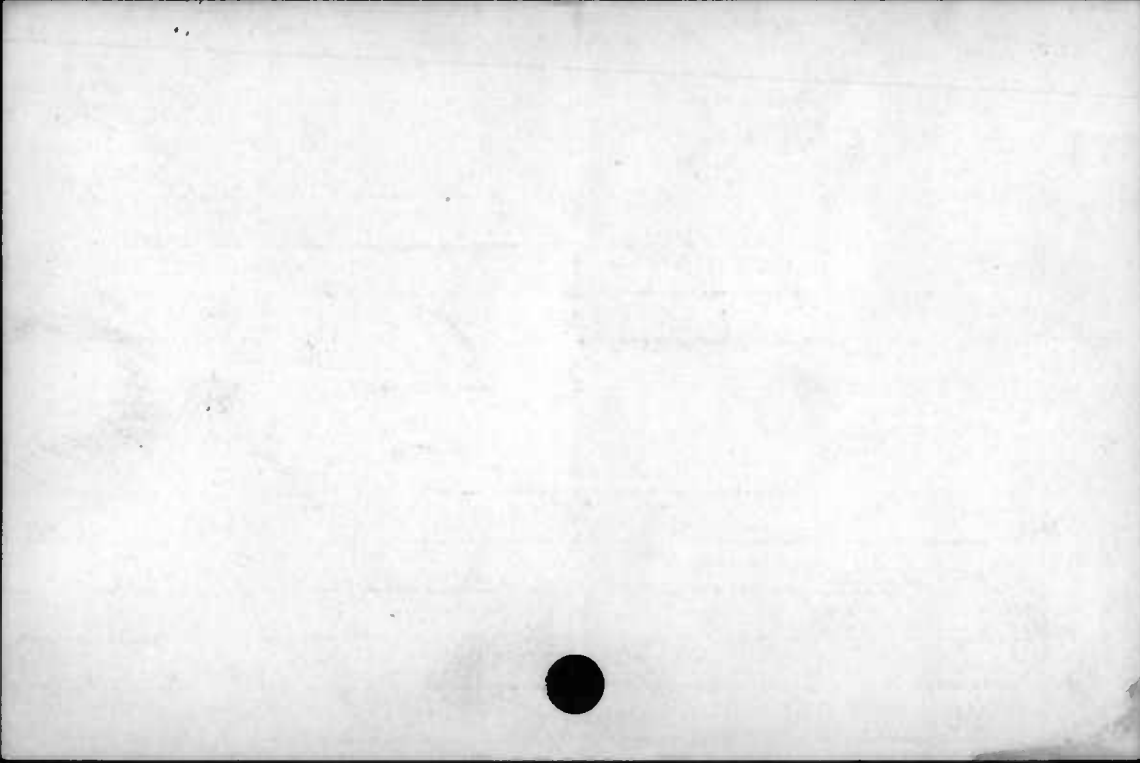
PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
yes	Signature of Physician
	Address
Accident or Suicide?	

untimely Birth

151

Henry J. Dwyer
Mid Wife
Queens town



Laura Seenev
 Town County

Died at *Alms House 2 Aines* MARYLAND

Date 19 *05* Month *May* Day *22* Y. M. D. Age *45* Native of *2 A. Co* Occupation *Pauper*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female *Colored* *Single* ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

~~Maiden Name~~

Cause of Death { Primary *Epilepsy* Immediate *Convulsion* How long sick *69* ✓ Accident, Suicide, Homicide

Reported by *Wm Lester*
 Address *Ruthsburg - Chas Holton MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

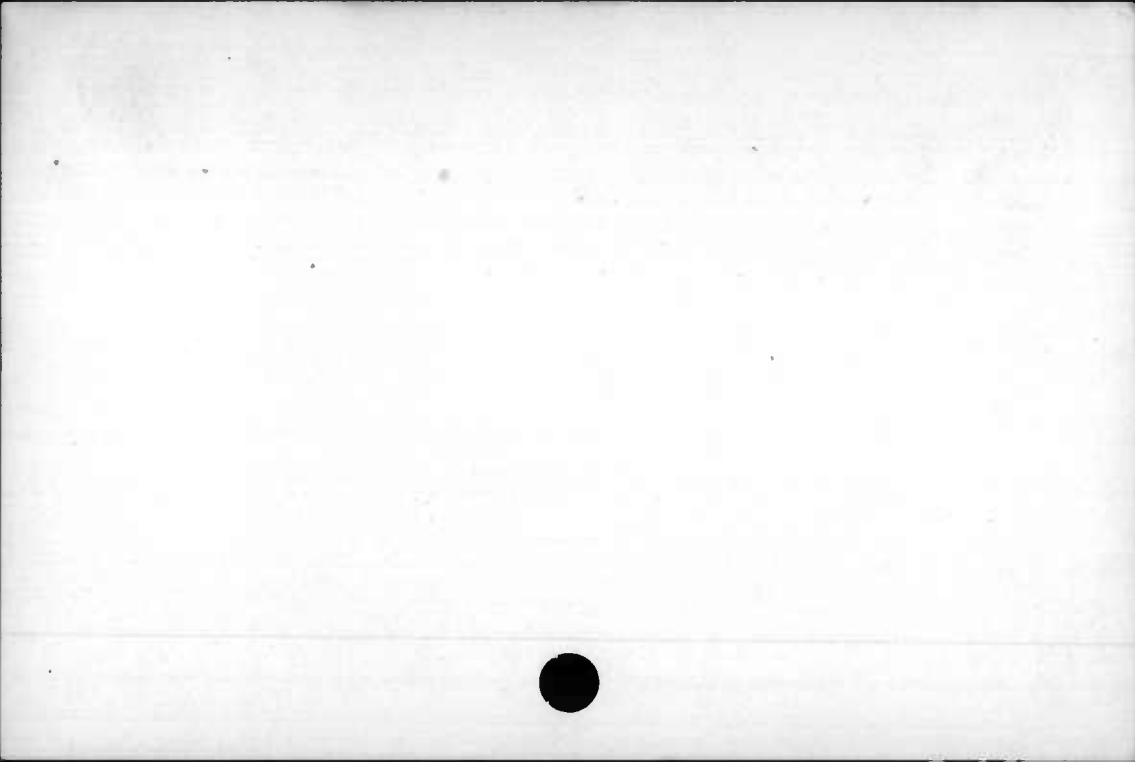
CERTIFICATE OF DEATH

MARYLAND

Died *near butlerville* *Jacine Anne*Date of death *1905* *5* *17* Age *5-4* Months *9* DaysSex *Female* Color or Race *White* Birth-place *Jacine Anne*Occupation *House Keeping* Where Residing if not at place of death *Place of death*Married, Single or Widowed *Widow* Name of Wife or HusbandFather's Name *James Elliott* Father's Birthplace *2. A. Co*Mother's Maiden Name *Caroline Hard* Mother's Birthplace *2. A. Co*Name of person giving information *Mrs. Hunter* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Apoplexy* *64* How long *7 hours*Immediate *Cerebral Hemorrhage* How long *7 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *M. J. Kraus*Address *Butlerville*
*Jacine Anne*Accident or Suicide? *No*



Name
in
Full

Annie Starling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Alms House

Town

County

Queen Anne's

Date

of death

1905

Month

May

Day

4

Years

Age

81

Months

6

Days

1

Sex

Female

Color or
Race

Negro

Birth-
place

Ind. Co Ind.

Occupation

Servant

Where Residing if not
at place of death

Alms House

Married, Single
or Widowed

widow

Name of Wife or
HusbandFather's
Name

no history

Father's
Birthplace

Don't know

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
information

Wm. B. Lester

How related
to deceased

none

CAUSES OF DEATH

Primary

—

How long

—

Immediate

Old age & natural decay

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. H. H. Bolton

Address

Centerville Ind.

Accident or Suicide?



Name in Full <i>Ada Hsilton</i>		CERTIFICATE OF DEATH	
Died at <i>Church Hill</i> <small>Town</small>		<i>Queen Anne</i> <small>County</small>	
Date of death <i>1905</i> <small>Month</small> <i>May</i> <small>Day</small> <i>23</i>		Age <i>15</i> <small>Years</small> <i>2</i> <small>Months</small> <i></i> <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>White</i>	
Occupation <i>House wife</i>		Birth-place <i>Church Hill</i>	
Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harry Hsilton</i>	
Father's Name <i>Jos. S. Parker</i>		Father's Birthplace <i>Not known</i>	
Mother's Maiden Name <i>Sallie Anderson</i>		Mother's Birthplace <i>Queen Anne Co.</i>	
Name of person giving information <i>Harry Hsilton</i>		How related to deceased <i>Husband</i>	
CAUSES OF DEATH			
Primary <i>Child Birth</i>		How long <i>22</i> <i>4 Months</i>	
Immediate <i>Consumption</i>		How long <i>22</i> <i>4 Months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter H. Fenby</i>	
Accident or Suicide?		Address <i>Ruthsburg Md.</i>	

Church Hill
Clerk

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Barclay</i>		Town <i>Barclay</i>		County <i>Dumaine Co</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>3</i>	Age <i>57</i>	Years <i>57</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Queen Anne Co</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near Barclay</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Martha Skells</i>						
Father's Name <i>James Skells</i>	Father's Birthplace <i>Queen Anne</i>						
Mother's Maiden Name <i>Sarah Solaway</i>	Mother's Birthplace						
Name of person giving information <i>S H Skells</i>	How related to deceased <i>Cousin</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>1 1/2 Years</i>
Immediate <i>uraemia, dropsy</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Foster Susler</i>
	Address <i>Suslerville Md</i>
Accident or Suicide?	

